UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. SP03-129 Total Pages 2

First Named Inventor or Application Identifier: Krassimir Krastev, et al

Title: PHASE INSENSITIVE RECOVERY OF CLOCK PULSES OF WAVELENGTH DIVISION MULTIPLEXED OPTICAL SIGNALS

TRANSMITTAL			DIVISION MULTIPLEXED OPTICAL SIGNALS							
				Mail Label N	0.	EV 327	189095 US			
I hereby certify that this particles Postal Service "Exunder 37 CFR 1.10 on the Stop Patent Application, Alexandria, VA 22313-14 on (Date) Signature	EXPRESS MAIL UNDER paper or fee is being deposite express Mail Post Office to A e date indicated below and is a Commissioner of Patents, 50 Slace Al equation of Patents, 50 S	d with the United ddressee" service Addressed to Mail P.O. Box 1450,		A	ADDRES	SS TO:	Mail Stop Pater Commissioner of P.O. Box 1450 Alexandria, VA	of Patents	22141 U.S. PTO 10/667932	
2. Specification (preferred arra - Descriptive to - Cross Refere - Statement R - Reference to - Background	attal Form Iginal and a duplicate for fee pr Igin	rocessing) [Total Pages	32		if applica	de and/or A able, all ned Comp	e Computer Programmino Acid Sequencessary) buter Readable Corr Copy (identical to	nce Submission py computer copy		
- Brief Descrip	otion of the Drawings (if filed)			ACC	OMPAN	IYING APF	LICATION PART	s		
- Detailed Des - Claim(s) - Abstract of ti 3.	scription the Disclosure 5 U.S.C. § 113) and ad (original or copy) tinuation/divisional with Box 16 ELETION OF INVENTOR(S) plication, see 37 C.F.R. §§ 1.63(d) APPLICATION, check approp Divisional. Con	ocompleted) inventor(s) named in the p (2) and 1.33(b). riate box, and supply the tinuation-in-part (CIP) of	he requisof prior a	pplication No <i>Gro</i> plication, fror) <i>up / Art</i> m which	37 C.F.R. (when the English T Informatic Statemer Prelimina Return R (should b Certified Priority D (if foreign claimed) v and in a p Unit: an oath or	ocument(s) o priority is oreliminary amenda declaration is supp	ent Pov ent (if applicable Cor Cita MPEP 503) ized) Other:	ver of Atto) pies of ID tions	·
reference. The inco	rporation can only be relied upo					the submit	ted application part	s		
		17. CORRES	PLONDE	INCE ADURI	233					
Customer Number	or Bar Code Label	22928				or [] Correspondence	e address below		
NAME										
ADDRESS	Corning Incorporated, S		- T. = -			 -		17.00		
CITY	Corning	STATE	NY				IP CODE	14831	210	
COUNTRY	USA	TELEPHONE	607-	974-6574			AX	(607) 974-3	348	
Name (Print/Type)	Juliana Agon			Registrat			ey/Agent)	33,468		
Signature	J. Wia.	Cappan				ate	9/22	103		-
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FEE TRANSMITTAL for FY 2003

_	Comp	lete if Known	
	Application Number	To Be Assigned	
	Filing Date	Herewith	
	First Named Inventor	LI SHENPING, et al.	
	Examiner Name	To Be Assigned	
	Group / Art Unit	To Be Assigned	
_	Attorney Docket Number	SP03-129	

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TOTAL AMOUNT OF PAYMENT (\$)750.00			Attorney Docket Number			SP03-129			
METHOD OF PAYMENT (check one)			k one)	FEE CALCULATION (continued)					
1. The Commissioner is hereby authorized to charge			-	3. ADDITIONAL FEES					
indicated fees and credit any overpayments to: Deposit			Large Fee	Entitly Fee	Fee Descripti	on	Fee Paid		
Account	03-	3325		Code	-	r cc Descript	011	1 CC 1 alu	
Number	L			4054	400	Constant lat	. filing for an eath		
Deposit				1051	130	•	e filing fee or oath		
Account Name Corning Incorporated				1052	50	cover s	e provisional filing fee or heet		
Charge Any Additional Fees Required				1053	130	Non-English sp	ecification		
2. Pav		nder 37 C.F.R. §§ 1.16 and 1.1 Fnclosed		1812	2,520	For filing a requ	uest for reexamination		
☐ Check ☐ Money Order ☐ Other				1804	920*		blication of SIR prior to per action		
1. BASI		CALCULATION ING FEE		1805	1,840		blication of SIR after per action		
Large 1		For Denovirties	Fee Deid	1251	110		eply within first month		
Fee Code	Fee (\$)	Fee Description	Fee Paid	1252	410		eply within second month		
				1253	930		eply within third month		
1001	750	Utility filing fee	<u>750.00</u>	1254			eply within fourth month		
1002	330	Design filing fee		1255			eply within fifth month		
1003	520	Plant filing fee		1401	320	Notice of Appe	• •		
1004	750	Reissue filing fee	{	1402	320		support of an appeal		
1005	160	Provisional filing fee		1403	280	Request for or			
SUBTOTAL (1) (\$)750.00			(\$)750.00	1451		•	tute a public use proceeding		
2. EXTRA CLAIM FEES Extra Fee from Claims below Fee Paid Total Claims 20 - 20** = x 18 = 00.00				1452	110		ve - unavoidable		
			e Paid	1453	-		ve - unintentional		
			,	1501	•	Utility issue fee			
independent $3 - 3^{++} = x \cdot 84 = 00.00$		00.00	1502	470	Design issue for				
Claims			}	1502	630	Plant issue fee			
Multiple Dependent 0 = 0.00				1460	130		e Commissioner		
**or numb	er previ	ously paid, if greater; For Reis	sues, see below	1807	50		ed to provisional applications		
9	Entity	For Description	}	1806	180		Information Disclosure Stmt		
Fee Code	Fee (\$)	Fee Description	ļ	8021	40		th patent assignment per		
1202	18	Claims in excess of 20	{	002.	10		ty (times number of properties)		
1201	84	Independent claims in excess	s of 3	1809	750		ssion after final rejection		
1203	280	Multiple dependent claim, if n	ot paid			· ·	F.R. § 1.129(a))		
1204	84	** Reissue independent claim original patent	ns over	1810	750		ional invention to be ned (37 C.F.R § 1.129(b))		
1205	18	** Reissue claims in excess of and over original pa		1801 1802	750 900	Request for ex	ontinued Examination (RCE) spedited examination of an application		
SUBTOTAL (2) (\$)00.00				*Redu	ced by Basic	Filing Fee Paid	SUBTOTAL (3)	(\$)	
SUBMITTED BY						Completed	(if applicable)		
1 330,11	A A A BAL					p	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

SUBMITTED BY			Completed (if applicable)
Name (Print/Type)	Juliana Agon	Registration No	o. (Attorney/Agent)	33,468
Signature	Coliene alon	Date	91221	03
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